

Peace Officer Standards & Training

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SEPARATION/CHANGE IN STATUS FORM

Complete and submit to POST within 15 days of action. Type or print information. Incomplete forms will be returned.

1. Agency		2. Date of Hire (mm/dd/yy)		3. Agency Location: City/County	
4. <u>First Name</u>		5. <u>Full Middle Name</u>		6. <u>Last Name</u>	
7. Social Security Number		8. DOB (mm/dd/yy)		9. Applicant's E-Mail	
10. Home Phone		11. <u>Current</u> Home Mailing Address			12. City, State, ZIP
13. Current Position (check one): <input type="checkbox"/> Patrol <input type="checkbox"/> Investigation <input type="checkbox"/> Dispatch <input type="checkbox"/> Detention <input type="checkbox"/> Jail Tech <input type="checkbox"/> Reserve <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Juvenile Probation <input type="checkbox"/> Juvenile Corrections <input type="checkbox"/> Marine Deputy <input type="checkbox"/> Corrections <input type="checkbox"/> Probation and Parole (Adult) <input type="checkbox"/> Adult Misdemeanor Probation <input type="checkbox"/> Other _____					
14. Status (check one): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Contract					
<i>Check all that apply</i>	15. TYPE OF ACTION: (Enclose reports regarding disciplinary action. PLEASE NOTE: Providing this information does not make you or your agency a party to any action the POST Council might take).				16. Date of Action:
<input type="checkbox"/>	<u>Resigned</u> (Reason): _____				
<input type="checkbox"/>	<u>Resigned</u> as a result of disciplinary action: Basis for disciplinary action: _____ <i>Enclose reports regarding disciplinary action. Do you recommend decertification?</i>				
<input type="checkbox"/>	<u>Terminated</u> as a result of disciplinary action: Basis for disciplinary action: _____ <i>Enclose reports regarding disciplinary action. Do you recommend decertification?</i>				
<input type="checkbox"/>	<u>Retired</u> as a result of disciplinary action: Basis for disciplinary action: _____ <i>Enclose reports regarding disciplinary action. Do you recommend decertification?</i>				
<input type="checkbox"/>	<u>Dismissed</u> (Reason): _____				
<input type="checkbox"/>	<u>Retired:</u> <input type="checkbox"/> Regular <input type="checkbox"/> Medical				
<input type="checkbox"/>	<u>Deceased:</u> <input type="checkbox"/>				
<input type="checkbox"/>	<u>Name Change:</u> From: _____ To: _____				
<input type="checkbox"/>	<u>Change in Position:</u> From: _____ To: _____				
<input type="checkbox"/>	<u>Other:</u> (Please specify): _____				

17. Did the Officer take another job in law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, was the job in the State of Idaho? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, which agency? _____		
I hereby certify to the best of my knowledge the information submitted on this form is true and correct.		
Date: _____ Signature of Agency Head or other Authorized Signatory: _____		
FOR POST USE ONLY: Processed by:	Comments:	Date: